



PTO/SB/22 (10-00)

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)  
482842000500

In re Application of Makoto TABATA et al.	
Application Number 10/009,595	Filed December 11, 2001
For: EAR TYPE CLINICAL THERMOMETER	
Group Art Unit 2859	Examiner Gail Kaplan Verbitsky

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

- |  |           |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$        |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$ 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |           |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.   |           |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____   | 03-1952   |

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

November 10, 2003

Date

Signature

Wayne C. Jaeschke, Reg. No. 38,503  
Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> _____	forms are submitted.
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